

# NIDA

INTERNATIONAL PROGRAM OF  
THE NATIONAL INSTITUTE ON DRUG ABUSE

## Program Description, Application, and Instructions

The Distinguished International Scientist Collaboration Program supports 1- to 3-month professional visits to the United States by experienced drug abuse researchers from any other country to stimulate development of innovative, collaborative research. Funding for the Distinguished International Scientist Collaboration Program is provided by the U.S. government through the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health within the U.S. Department of Health and Human Services. The program is administered by the NIDA International Program.

The Program supports research exchange visits by scientists who have a minimum of 7 years of experience beyond the postdoctoral level in drug abuse research and a scientific record that includes peer-reviewed publications. Applicants and their U.S. collaborators must propose projects that fall within the NIDA research mission, have the potential to advance the scientific agenda (as assessed by significance, approach, innovation, and qualifications), are likely to produce a product or other outcome (such as a scientific paper or research grant proposal) within 1 year, and offer both the potential and mechanisms to apply enhanced research skills in the non-U.S. scientist's home country.

**Annual Application Deadline: October 15**

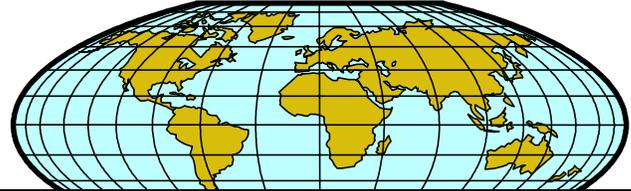
**Annual Notification of Award: December 1**

The exchange must be completed by December 31 of the calendar year immediately following the award announcement.

### To Apply

Each applicant for the NIDA Distinguished Scientist Collaboration Award must:

- C Complete Part I of page 1 and pages 3 through 5. Use additional sheets if necessary.
- C Have an official from your home institution complete Part II of page 1.
- C Ask your U.S. collaborator to complete Part I of page 2 and page 6.
- C Ask an official from the U.S. institution to complete Part II of page 2.
- C Ask your home country supervisor and a research colleague for confidential letters of support. These letters should be sent directly to the NIDA International Program.
- C Submit the completed application by **October 15** to:
  - International Program
  - Office of Science Policy and Communications
  - National Institute on Drug Abuse
  - Building 31, Room 1B-39
  - 9000 Rockville Pike
  - Bethesda, Maryland 20892, USA
  - Telephone: +1-301-594-1928
  - Fax: +1-301-402-5687
  - E-mail: [pn28h@nih.gov](mailto:pn28h@nih.gov)
  - Web site: [www.drugabuse.gov](http://www.drugabuse.gov)



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TYPE OR COMPUTER GENERATE IN ENGLISH ONLY USING BLACK INK

### PART I APPLICANT'S SECTION

1. Name of Applicant (family name, given name, middle initial)	2. Doctoral Degrees	3. Social Security Number (if available)
4a. Name of Home Institution	5. Permanent Mailing Address (street, city, country, postal code)	
4b. Department, Service, Laboratory, or Equivalent		
6. Office Phone (country code, city code, number, extension)	7. Home Phone (country code, city code, number)	8. Fax Number (country code, city code, number)
9. E-mail Address	10. Previous NIH Awards	11. Dates of Proposed Travel (from MM/DD/YY to MM/DD/YY)
12. Date	13. Signature (indicates acceptance of certification below)	

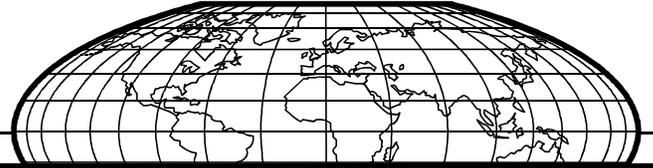
### PART II HOME INSTITUTION SECTION

14a. Name of Official (family name, given name, middle initial)	15a. Name of Home Institution	
14b. Title	15b. Address of Home Institution (street, city, country, postal code)	
16. Office Phone (country code, city code, number, extension)	17. Fax (country code, city code, number)	18. E-mail Address
19. Date	20. Signature (indicates acceptance of certification below)	

**Application Certification and Acceptance:**

I certify that my statements herein are true, accurate, and complete to the best of my knowledge, and I agree to comply with the U.S. Public Health Service terms and conditions if an award is issued as a result of this application. I certify that the award will not support residency training. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the U.S. Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). 8/00

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### PART I—U.S. COLLABORATOR'S SECTION

1. Name of U.S. Collaborator (family name, given name, middle initial)	2. Doctoral Degrees	3. Social Security Number
4a. Name of U.S. Institution	5. Office Mailing Address (street, city, state, ZIP code)	
4b. Department, Service, Laboratory, or Equivalent		
6. Office Phone (area code, number, extension)	7. Home Phone (area code, number)	8. Fax Number (area code, number)
9. E-mail Address	10. Current NIDA Research Grant Numbers	
11. Date	12. Signature (indicates acceptance of certification below)	

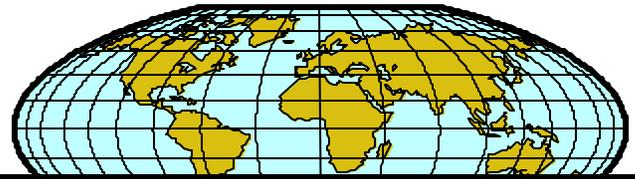
### PART II—U.S. INSTITUTION SECTION

13a. Name of Official (family name, given name, middle initial)	14a. Name of U.S. Institution	
13b. Title	14b. Address of U.S. Institution (street, city, state, ZIP code)	
15. Office Phone (area code, number, extension)	16. Fax Number (area code, number)	17. E-mail Address
18. Entity 12-digit Identification Number		
19. Date	20. Signature (indicates acceptance of certification below)	

**Application Certification and Acceptance:**

I certify that my statements herein are true, accurate, and complete to the best of my knowledge, and I agree to comply with the U.S. Public Health Service terms and conditions if an award is issued as a result of this application. I certify that the award will not support residency training. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the U.S. Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).

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1. Name of Applicant (family name, given name, middle initial)	Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	U.S. Institution

Please provide a 50-word summary of your proposed program plan (your complete program plan should be described on page 5).

**APPLICANT'S PERSONAL HISTORY**

Sex:  Male  Female

Place of Birth (city or town and country)

Date of Birth (MM/DD/YY)

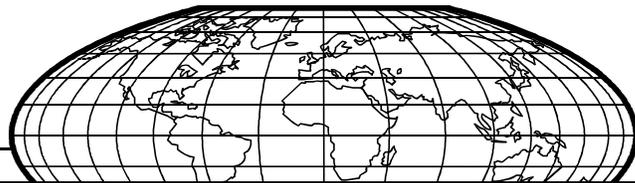
Country of Present Residence

Previous Positions Held (begin with current position)

Name and Address of Employer	Job Title	Dates of Employment	
		From	To

Please describe your current job responsibilities.

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1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	4. U.S. Institution

### APPLICANT'S PERSONAL HISTORY (continued)

Name your most significant publications, honors, awards, projects, or other accomplishments. Please attach a list of your peer-reviewed publications.

Education: Please list all post-secondary institutions you attended, beginning with the most recent.

Name and Location of Institution	Major Field(s) of Study	Dates Attended (month and year)		Actual Name of Diploma or Degree (do not translate)	Date Received
		From	To		

Persons to be Notified in Case of Emergency

In Home County

Name

Address

Telephone

Relationship

In United States

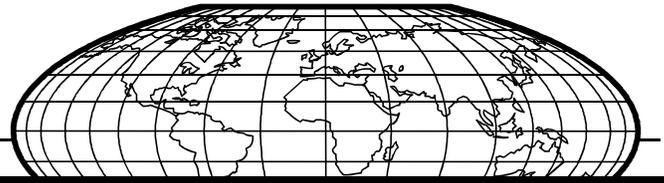
Name

Address

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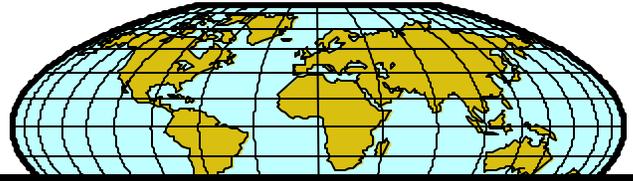
1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	4. U.S. Institution

**APPLICANT'S PROGRAM PLAN**

Use additional pages if necessary.

1. Please describe the proposed collaborative effort, including timeframe and expected outcome.
2. Please describe how the proposed collaborative effort will advance the scientific agenda (as assessed by significance, approach, innovation, and qualifications).
3. Please describe how the proposed collaboration offers the potential and mechanisms to apply enhanced research skills in your country.

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3. Name of U.S. Collaborator (family name, given name, middle initial)	4. U.S. Institution

## U.S. COLLABORATOR'S STATEMENT

Use additional pages if necessary.

1. Please describe how the proposed collaborative effort will advance the scientific agenda (as assessed by significance, approach, innovation, and qualifications).
1. Please describe how the proposed collaboration falls within the NIDA research mission.
2. Please assess the applicant's research and other qualifications for this award.